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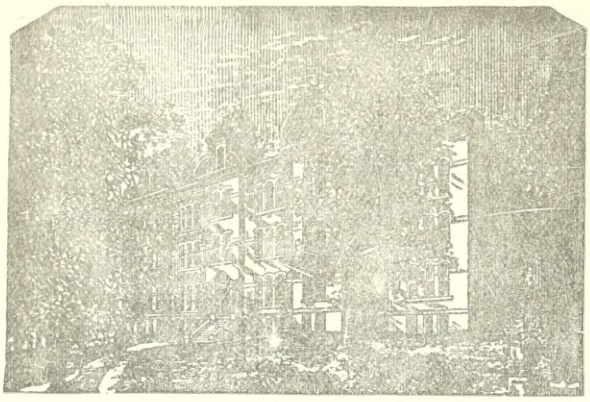

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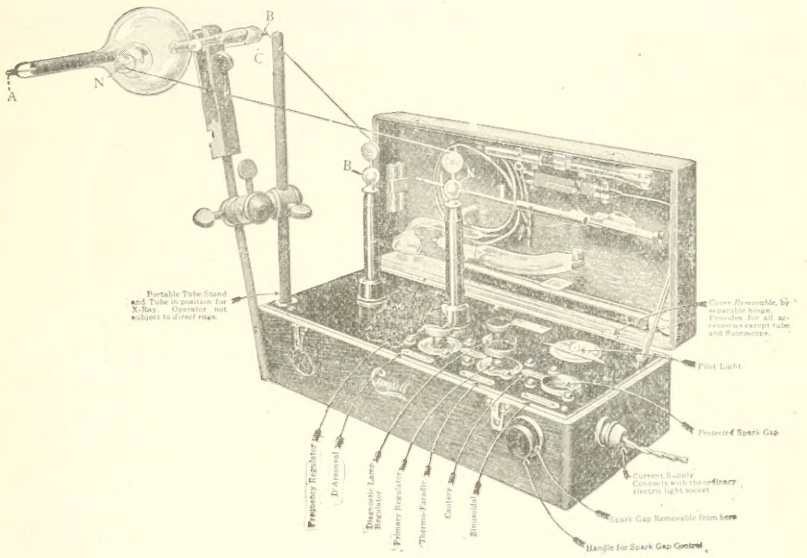

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—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor
W. T. BRIGGS, M.D., Associate Editor.

VOL. CIX. APRIL, 1915. No. 4

Original Communications

THE WISDOM OF THE PAST, A PROPHECY OF THE FUTURE.*

BY JOHN WESLEY LONG, M.D., F. A. C. S., GREENSBORO, N. C.

The coming of the Southern Surgical and Gynecological Association into the old North State marks an epoch in the history of both state and Association. For the state, I will say we appreciate your coming into our midst. With the exception of the Charleston meeting, twenty years ago, when the lamented Cornelius Kollock was president, this is the only time the Association has ever gone to the state from which it chose its presiding officer. Therefore, I may add a personal note of gratification.

Your well-nourished features and elegant apparel do not indicate that you have been feeding upon husks; nevertheless, we have killed the fatted calf and brought forth the wedding robe and ring; indicating thereby, that having come once, we shall always claim you as our own, and want you to feel that we are yours.

*President's address before the Southern Surgical and Gynecological Association, Asheville, N. C., December 15, 1914.

This meeting shall, we trust, not soon be forgotten by the Association. Be it known unto you, friends, that you stand upon soil made sacred by every token that appeals to one's patriotism, love of home and native land. For instance, to have been one of the original thirteen colonies is no mean distinction. Without invidious comparison, suppose one could have the choice as to where he should be born, do you imagine he would hesitate for a moment to choose a state whose sons unsheathed the sword to gain their independence, who defied royal tyranny even though it be called "treason;" rather than a state, however great, whose star has been added to Old Glory, like a belated afterthought?

Glancing back as far as the Revolution, we find a number of important engagements were fought in North Carolina; and the decisive blow that sent Lord Cornwallis reeling on to Yorktown, where he surrendered to Washington, was struck by General Nathaniel Greene at the battle of Guilford Courthouse, near the center of the state.

Passing rapidly to the period of our Civil War, which some of you remember and a few saw service in, if you will pardon a personal reference, I may say that I was born amidst the mutterings of the ominous war-cloud which burst into that most fearful internecine conflict the world has ever seen. Into that holocaust North Carolina sent more men, and boys, than she had voters; over 40,000 of whom never came back. Notwithstanding the gruesome price she paid, it shall ever be the proud boast of the Old North State that "she was first at Bethel, farthest at Gettysburg and last at Appomattox." Into the history of her soldier heroes the state has written the legend inscribed upon the stones over the Spartan dead who died at Thermopolæ: "Stranger, go tell in Lacedeman that we lie here in obedience to her command."

But it is not of deeds of valor or exploits of war that North Carolina would boast. Rather would she be known for her victories of peace. In common with other Southern states, the war left her impoverished beyond description, robbed of civil liberty, her property confiscated, her fair land despoiled, her slaves sitting in legislative halls. Surely she was cast down, but not destroyed.

Then it was, her valiant sons arose in their might and disfranchised the ignorant, the incompetent, the vicious, the impossibles, and reënfranchised the true citizenship of the state. This act has stood the test of the Supreme Court of the land.

While North Carolina is distinctive in many ways she is but a type of the South. Undisturbed to any great extent by the flotsam and jetsam of other lands, the South developed and retained customs, conditions, conventionalities, convictions all her own. It would be interesting to study these characteristics, but it would lead us too far afield. We are concerned in this connection only with the southern surgeon.

Those of you who live in the large cities of the North and West can not appreciate the disadvantages under which the southern surgeon labored. If this were true in ante-bellum days, it was a hundredfold more so following the war. Isolated, limited in clinical laboratory facilities, practically denied membership in the national special societies, his mental development hindered because of lack of opportunity, the old time southern physician was thrown back upon his own resources. No one questions his native ability, environment constituted the shackles that clogged his feet. His was the task to overcome obstacles. Often he had to make brick without straw. But he remembered the axe over the old Norseman's door and the slogan to "find a way or make one." He made one, yea many, one of which leads to this glad hour and occasion; and in the making he laid the foundation so broad and deep that those who follow may find safe and easy footing.

Even a superficial knowledge of the southern surgeon convinces one that he possessed superb qualities, and his history is illuminated with evidences of his ability to do great things. Despite the limitations of environment, he encompassed herculean tasks. Many brilliant example are well known where he burst the bonds that would have circumscribed a weaker man, performing exploits that make him the envy of the world. A perspective reveals him unearthing great discoveries, doing unprecedented operations, formulating undying principles, daring to do deeds of heroism!

However, let it be distinctly understood that we make no claim to superiority of either blood or brawn or brain. We would draw no disparaging distinctions. Rather do we rejoice with exceeding great joy in the ability and success of every member of our profession under the stars and stripes, in fact throughout the world. But as a faithful messenger, as one who under the providenc of God has been spared to tell the tale, I must give credit to my compatriots who deserve it; whose lives stand out as beacon lights along the pathway of history; whose works have mitigated pain, alleviated disease and added years to the life of womankind, and that of man as well.

If we may judge by what they accomplished, many of these men were so far in advance of their times, as to appear to have possessed the knowledge of prescience. As is well known, the gift of prescience was granted to the prophets of old, but in a material sense was by no means confined to them. One of the books that enthralled my boyhood days was Jules Verne's *Twenty Thousand Leagues Under the Sea,* written several years (1869) before Holland planned his first submarine (1875).

Sometimes the poet[1] gets a glimpse of the deeper things of life, his vivid imagination giving him visions denied ordinary mortals, enabling him to foretell that which later becomes clear to us all. The inimitable Shakespeare, eighty-three years (1602) before Newton announced the law of gravitation (1685), makes Cressida to say:

> But the strong base and building of my love
> Is as the very center of the earth,
> Drawing all things to it.

Listen to Tennyson in Locksley Hall, written in 1842:

For I dipped into the future, far as human eye could see,
Saw the vision of the world, and all the wonder that would be;
Saw the heavens fill with commerce, argosies of magic sails,
Pilots of the purple twilight, dropping down with costly bales;
Heard the heavens fill with shouting, and there rain'd ghastly dew
From the nations' airy navies grappling in the central blue;
Far along the world-wide whisper of the south-wind rushing warm,
With the standards of the peoples plunging thro' the thunder-storm;

[1]"What Can Literature Do for Me."—*C. Alphonso Smith.*

Till the war-drum throbb'd no longer, and the battle-flags were furl'd
In the Parliament of man, the Federation of the world.

Such writers may be said to have walked in the twilight zone of prophesies which are now being rapidly fulfilled. Sir Humphry Davy walked in the twilight zone of nitrous oxide anesthesia in 1800. Forty-four years later the Hartford dentist, Wells, made practical application of this knowledge. Farraday walked in the twilight zone of ether anesthesia in 1818, but not one of those who came after him stepped into the brilliant light of applied science till, in March, 1842, Crawford W. Long, of Jefferson, Georgia, anesthetized James Venable with sulphuric ether and excised a cyst from his neck.

Without question, many men must have walked in the twilight zone of ovariotomy. But it remained for McDowell, the Kentucky village surgeon, in 1809, to remove a 60-pound cyst from Mrs. Crawford, without anesthesia, in his office, while the mob on the outside howled for his blood; to dispel the twilight of surgical impossibility and place another star in the firmament of professional achievement!

Look at Sims, born and educated in South Carolina and practisinging medicine at an Alabama cross-roads. He is now, and always will be, justly called the "father of modern gynecology." Note his despondency in his early years, see him tear down his tin sign and throw it into the well in the backyard. Observe him sell out his little belongings, and try to go into the clothing business. Think of it, J. Marion Sims selling "clodings!" Picture in your mind his first operation on Anarcha, using a bent spoon handle for a speculum. He fails, but he tries again, and again, till twelve times he has failed. Oh, what a moving picture that would make! But look once more; he's walking down the street.[2] His eye chances to light upon a tiny spiral lost perhaps from an old suspender. Inspiration seizes him. The scales fall from his eyes. He no longer walks in the twilight of failure. He sees clearly. If he only had a *silver* wire as fine as that bit of brass

[2]This picture of Science is true to history. See *Sims and His Work,* by Wyeth. *Trans. S. S. and G. A.,* Vl. VIII, 9.

spring, he could cure Anarcha's vesicovaginal fistula. He has it, he succeeds! Eureka! See, this gavel made from a leg of Sim's operating table bears mute testimony to the greatness of its illustrious master!

The twilight zone! It's only the old, old story of genius groping in the dark for the unknown. It's the gift of prescience in the awakening! Tyndall said: "The greatest discoveries of science have been made when man has left the region of the seen and known, and followed the imagination by new paths to regions before unseen."

Varro, in 127 B. C., clearly taught that infectious diseases were caused by microörganisms. Two centuries before Koch became famous through his brilliant researches in bacteriology, A von Leeuwenhock, of Delft, looking through a simple lens of short focus discovered bacteria. It was no fault of the Dutch scientist that the world was slow to appreciate his unrivaled contribution to science.

The profession gives credit to him who gets there first. The first anesthesia; the first ovariotomy; the first cure of vesicovaginal fistula; the first hip-joint amputation in America done by Brashear of Kentucky, in 1806; the first removal of half of the lower jaw by Deaderick of Tennessee, in 1810; the first total removal of the clavicle done by McCreary of Kentucky, in 1813; the first successful ligation of the innominate artery by Smythe of New Orleans in 1864; *et al.*

But I must hasten on. Moreover, priority is by no means the only claim the southern surgeon has upon our appreciative memory. The limits of this address forbid anything more than the barest mention of a very few of the men whose services in time of war and peace have forever endeared them to our people. There is Paul F. Eve, famous in the Polish War and our own Civil War; and no less great as a teacher of surgery. Twice was he called to the University of New York, once to succeed Valentine Mott. Mettauer of Virginia did seventy-nine lithotomies with only four deaths (5%). W. T. Briggs, one of our founders, and an incomparable teacher of surgery, four times called to other schools, did two hundred and seventy-four lithotomies with only

eleven deaths (4.7%). Dudley of Kentucky did two hundred and twenty-five with three deaths (1.33%). Winslow of North Carolina did ninety-nine with one death (1%). All this and infinitely more before the days of aseptic surgery and some of it prior to anesthesia. Yandell, another of our Fellows, was a surgeon of unusual ability and distinction. Robert Battey's name deserves to go down with the world's celebrities.

I said there were heroes among southern physicians. Two instances only must suffice. When I was a student in Vanderbilt University, Professor Thomas Menees would each year bring his grandson, four or five years old, to the lecture hall, stand the little fellow upon the speaker's desk, and with tears in his eyes tell the story of his son, the boy's father, laying down his life in his efforts to rescue the yellow fever sufferers in Memphis in 1876. T. O. Summers, who went with young Menees, was spared to become one of our founders. McGuire tells us of kneeling beside a southern surgeon, at Cold Harbor, whose side had been torn away by a shell. When told that his wound was mortal, the dying man replied, "I am no more afraid to die than I was to do my duty."

But why prolong this list? The task is too great. I could not even call the roster of the illustrious dead of the South, though we omit the names of such men and a multitude of other Southerners, who went North or elsewhere and became leaders in their profession.

Like the independence of the Colonies, the redemption of the South, the achievements of our predecessors, and many other good things that we enjoy, the Southern Surgical and Gynecological Association was born of the exigencies of the time. Dr. Haggard, our first president, said in his address (1888), "It did not spring voluntarily into existence, but was the outgrowth of necessity."

As is true of most mortals, especially those who start with large cranial development, its natal day was not consummated without much pain and labor; but since "joy cometh in the morning when a man child is born," let us forget all the unpleasant features in our rejoicing over present realizations and future possibilities.

As I read the history of books and men, the formation of this Association was due in part to the desire in the hearts of certain young "progressives" for better things; and in part to the wise counsel of older heads. The organization was hastened in no small degree and crystallized by the very antagonism which the movement engendered. It is of these men and movement that I wish briefly to speak.

It was my good fortune to have been a classmate of William Elias B. Davis, in the Medical Department of Vanderbilt University and the University of Nashville. I have many reasons for remembering young Davis in those early years, one being that I had the temerity, in common with a number of other reckless youths, to contend with him for the distinction of being valedictorian of our class. The test was a speech delivered by each contestant before a meeting of the student body, under the supervision of a member of the faculty. It is only just to those ambitious young medicos, my competitors, to say "there were orators in those days." The speeches over, noses were counted and amid much aclaim, Davis was declared elected to deliver the valedictory. That Davis later became distinguished, that he developed remarkable ability as a surgeon, as an organizer, as a writer, as an experimenter, as a leader among men, that he became famous before he was forty years old, was no surprise, I am sure, to those who knew him in his college days.

Another man who made a deep and lasting impression upon me in the halcyon days of the long ago, as upon all with whom he came in contact, was the late W. D. Haggard, Sr., M.D., father of our distinguished secretary. Incidentally, allow me to say, the difference in the teaching of medicine under the old regime and the new is strikingly shown by the fact that the first lecture I heard (1800) as a medical student was by Dr. Haggard, Sr., and the subject was "The treatment of secondary post-partum hemorrhage."

As a teacher Dr. Haggard was clear cut, exact, honest. He was far-reaching in his knowledge of men and things. He was an arduous student, always. His devotion to medicine and surgery, his enthusiasm, were catching. To the young men he was

a safe and wise counsellor. To come in contact with him was like steel approaching a powerful magnet, his influence was irresistable. When the Davises, and Dixie Douglas, and John Wesley Gaines, for many years a member of Congress, and W. H. Park, who I understand is the most influential white man in China today, and upon whom the government recently conferred the Loh Tung China Ho Tsang, or the Golden Grain decoration of the sixth in order, and many others, including your humble servant, sat beneath the spell of Haggard's teaching, he was already approaching the chloroform age. His was one of the most striking examples of a man in advanced years, who was ever on the alert to learn all that was new and best in his profession.

I have it at first hand that the movement which culminated in the present organization was first called the "Alabama Surgical Association." The prime movers were Drs. W. E. B. Davis, J. D. S. Davis, H. P. Cochrane, and H. M. Rosser, and a few others. Dr. W. E. B. Davis took counsel with his old teacher, Dr. Haggard, who advised that gynecology be included, which was accordingly done. It soon developed that the new organization was considered by certain men in authority in the State Medical Society to be antagonistic to the latter. This feeling did not render the movement popular. Before the year was out it became patent that the plans must be changed or disaster would probably overtake the new enterprise. Whereupon Dr. Davis, encouraged by the advice of Dr. Haggard, invited a considerable number of representative men throughout the South to meet with the Alabama Surgical and Gynecological Association in Birmingham to consider the advisability of organizing an association embracing the entire South. Only a few of those invited responded in person, about eighty wrote letters of approval. The result was the launching of the Southern Surgical and Gynecological Association, with Dr. Haggard as president and Dr. Davis as secretary.

At the end of its first year the new Association was still wobbling upon its first legs. The issues were in doubt, perhaps more apparent than real. At this juncture Dr. Haggard telegraphed Dr. Hunter McGuire, who was not present at this or the former meeting, asking if he would accept the presidency. Dr. McGuire,

who could sight at long range without the aid of an aeroplane, promptly replied that he would.

Davis, in his presidential address (1903) says: "When it became known that Dr. McGuire had accepted the presidency and was in sympathy with the organization its success seemed fully assured. It may very pertinently be asked: What organization could fail to go when inspired by the enthusiasm of Davis, censored by the wisdom of Haggard, and vitalized by the magic touch of McGuire?

What I have said is the briefest possible epitome of the history of the origin of the Southern Surgical and Gynecological Association. Also the credit given to the promoters is meager compared to the magnitude of their labors. But what about those who contributed to its formation and growth, whose names have not as yet even been mentioned? It is to be regretted that the proprieties of good usage will not permit us to discuss those who are still with us in the flesh.

Could we send a wireless across the Styx, which, according to Greek Mythology flows seven times around the World of the Dead, and ask Davis and Haggard and McGuire if they, and they only, deserve credit for this monumental Association; we may be sure that the answer would come back somewhat after this fashion: "Nay, verily; there be George J. Engleman, and J. McFadden Gaston, and Bedford Brown, and Cornelius Kollock, and Richard Douglas, and A. M. Cartledge, and Manning Simmons, and David W. Yandell, and Joseph Price, and W. W. Potter, and B. E. Hadra, and H. H. Mudd, and F. T. Meriwether, and Chas. M. Rees, and T. J. Crofford, and Henry F. Campbell, and Lehman H. Dunning, and Willis G. MacDonald, and J. C. Munro, and Jos. T. Jelks, and John C. LeGrande, andRoswell Park, and H. P. Cochrane, and W. B. Rogers, and John S. Cain, and Claudius H. Mastin, and James B. Murfree, and Herbert N. Nash, and Wm. R. Pryor, and Benj. W. Taylor, and J. T. Wilson, and Thaddeus A. Reamy, and R. B. Maury,and W. F. Westmoreland, Sr., and R. A. Kinloch, and Virgil O. Hardon, and De Caussure Ford, and W. T. Briggs, and A. B. Miles, and J. T. Y. Paine, and W. H. Wathen, and A. H. Ferguson, and Maurice H. Richardson, and

a host of others, all of whom contributed their quota to the upbuilding of the Southern Surgical and Gynecological Association, and without whose support it could not have survived. These celebrities, having ceased from their labors, rest with us under the shade of the trees, whose leaves are for the healing of the nations."

Friends, I have read the histories and looked upon the portraits and statuary of our nation's founders; I have stood with uncovered head in the presence of the ashes of Britain's mighty dead; I have gazed in awe at the sarcophagus of France's hero emperor, whose mighty step made the world to tremble; I have walked through the gorgeous palaces of the Hapsburgs; I have sat beside the soft blue waters of the Lucerne, where William Tell is said to have rested; I have studied in Edinburg's famous Royal Infirmary, founded and granted by a scion of my own ancestry; yet I declare to you, that in neither instance was I more impressed, more overwhelmed with the sanctity of the presence by which I stood, or more visualized by the greatness of their achievements, than I am tonight as I humbly stand in your presence contemplating the lives of our illustrious predecessors; the fruits of whose labors we are privileged to enjoy.

We are to be congratulated that the grim reaper has robbed us of only a single Fellow during the current year. For him and his loved ones we mingle our tears. In this connection, allow me to add that it is the source of the greatest gratification to see the vacancies which unfortunately must occur in our ranks, rapidly filled by men of supreme ability and renown, the very choice of the land. Indeed, we could not afford to admit anyone, except he be properly prepared, thoroughly grounded in ethics, loyal to an organized profession, possessed of an unsullied character, and gives promise of untiring zeal.

A careful study of the Constitution and By-laws shows that this Association was not only founded upon sound principles but that its provisions have been amplified from time to time to meet changing conditions, adapting itself always to that which was most excellent. For instance: at first, the membership was limited to one hundred; now it is two hundred. Formerly, no Hon-

orary Fellows were permitted; now the Constitution provides for twenty-five.

Being a southern institution, only southern men were embraced within its membership at first. Even on this limited basis, the horizon of its possibilities widened so rapidly that early in the history of the Association it was determined to invite eminent men from north of the Mason and Dixon line to become members. In my humble judgment, this is one of the very wisest things the Association has ever done. I can not overstate the advantages which have grown out of this innovation. While the Association will ever remain southern in name and habitat, it has long since become national in its membership and world-wide in its sphere of influence! Science, men of science, humanitarians, know no geographical boundaries; nor nationality; nor creed, either political or religious! To them there is no Mason and Dixon line! We be brethren in the truest sense of the word!

The Constitution as first adopted says: "The object of this Association shall be to organize the profession of the South in the most efficient manner possible for the advancement of the sciences of surgery and gynecology. A few years later, and ever since, the same article reads: "The object of this Association is to further the study and practice of surgery and gynecology among the profession of the Southern States." Note the difference. In the first instance, "to organize the profession of the South" is stressed; in the latter this feature is omitted altogether, while "the study and practice of surgery and gynecology among the profession of the Southern States" is alone mentioned.

Now then, in harmony with the wise changes that have already been made in this basic article of the Constitution, and in view of the fact that we are no longer provincial; I recommend, by virtue of the exalted position with which you have honored me, that we drop the terminal words "among the profession of the Southern States" and let this article read, as it is in fact, "The object of this Association is to promote the study and practice of surgery and gynecology."

In my opinion Article IV, Section 1, which defines who may become members, should be so amended as to prescribe the minimum number of years the applicant must have practiced his specialty and the percentage of his work devoted to surgery or gynecology as the case may be. This section will of course include the plan, adopted by the Council last year, providing for applications and recommendations. I further suggest, as being more in keeping with the dignity of this body, that the designation "Fellow" be substituted for "member" wherever the latter occurs in the Constitution and By-laws.

Important as is our Constitution and much as we revere it, we possess something higher and better. Call it the *esprit de corps;* or, if you please, "the unwritten law." I can best describe it by an illustration. Among the crown jewels, carefully guarded in the tower of London, there is to be seen a massive golden salt cellar. Now, tradition tells us that with the nobility the salt cellar plays an important role. On the dining table, the place where it is set marks the dividing line; the guests of honor sitting above, those not so distinguished must sit below the salt cellar. In the great annual three-day feasts of the Southern Surgical and Gynecological Association the salt is placed before every man's plate! Ours is a true democracy! I confidently believe that this feeling obtains with every Fellow, whether he be from the South, the North, the East, the West.

In preparing for this meeting I read every presidential address and *In Memoriam* in the twenty-six volumes of *Transactions;* also, much of the other data found therein. One can not study these historical records without being impressed with the high order of ability, the sincerity of purpose, the exalted character of the men who made them. The *Transactions,* taken as a whole, bear testimony to a comprehensive understanding of the mission of surgeons and gynecologists, of the inestimable value of organized effort, of the demand for higher education, and of the part encumbent upon this Association in the development of the science and practice of surgery and gynecology. The responsibility of maintaining this high standard rests upon us, we could not shirk it if we would. It may be truly said that this Associa-

tion is a heritage from our famous predecessors. I rejoice to believe that their mantle has fallen upon our shoulders. May we wear it worthily!

The American people have long since come to appreciate the greatness of the Virginia statesman who write the Declaration of Independence. As generations come and go, and our institutions adjust themselves to the principles of that immortal document, we see more and more clearly the wisdom, the statescraft, the prescience, its author must have possessed. Those of us living today have inherited an abiding faith in Jeffersonian doctrines. We cling to them with every assurance that their embodied wisdom as shown by their adaptability to the necessities of a free and independent people is a guarantee that shall ever safeguard our national life and preserve inviolate the rights of the individual.

Recently, I had the pleasure of examing an African tree-drum. It is a wonderful instrument, hewn from the trunk of a tree, without membrane or other addition. The slightest tap of my finger set in motion sweet-toned vibrations. Under suitable conditions the tree-drum can be heard for ten miles. It is used to communicate from village to village, antedating by untold centuries the Marconi wireless.

Dr. W. R. Lambeth told me that while traveling through the heart of the Congo with a caravan of sixty men, his provisions gave out. He applied to one of the native villages for supplies. By means of a relay of tree-drums they sent a message for a distance of thirty-five miles, securing the desired necessities. On another occasion, Dr. Lambeth telephoned a hundred and thirty miles after the same manner.

As I listened to the marvelous sounds of the tree-drum, and realized what a part it plays in the lives of the natives of the dark continent, I exclaimed, "Oh, tree-drum, tell me of your people, their origin, their traditions, their religions, their customs, the wrongs that have been heaped upon them, the subjugations they have had to endure! Oh, tree-drum, whisper to me a note of prophecy, what will civilization, and the missionary, and the medical man, and science do for your people? Will they lift them

from the slough of ignorance, and superstition, and disease, and sin, and bondage, and set Africa as a jewel among the continents of the world?" And with the ear of faith pressed close to its resonant bosom, I heard, as its music rolled out into the distance, a note of triumphant optimism come echoing back to me!

I need not apply these two homely ilustrations connecting the past with the future, the one token from our national compass and the other from the jungles of Africa. They suggest their own application.

Friends, what I have said is simply a review of that which you already knew better than I; something of the famous surgeons of our southland, the origin of our Association, the personnel of a few of its founders, the broad and enduring basis upon which the organization was builded, its purpose and scope as indicated by its constitution and *Transactions,* the high order of work being done, the celebrated men composing its ranks in the past as well as the present, the esteem in which our Fellows are held at home and abroad, the continually increasing number of worthy men who are knocking at our door, the delightful democracy that pervades our deliberations—and leave it with you, Sirs, to judge whether or not we are justified in saying: "The wisdom of the past is a prophecy of the future!"

[Following the address, Dr. Long showed twenty-five magic lantern slides of famous southern surgeons and Fellows of the Association.]

CLINICAL PICTURE OF PUERPERAL INFECTION WITH THE GAS BACILLUS OF E. FRAENKEL.

BY DR. W. SCHULER,
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[Translated from *Münchener Medizinische Wochenschrift,* by W. T. Briggs, M.D., Nashville, Tenn.]

To Schottmüller belongs the credit of having drawn attention to the clinical significance of anaerobic germs in the blood stream. For a long time the methods of demonstrating these germs were very complicated and troublesome. Scottmüller, Lamers, Lindermann and others improved and simplified the technic. In our clinic we use the technic of Lindermann more than any other because it is easier. Greater attention to anaerobic blood cultures lead naturally to a realization that they occur far oftener, and in their pathogenicity were far more dangerous than one, on the basis of purely theoretical considerations—for instance even in 1895 Krönig made the statement that the blood, with its oxygen, would not allow their development—would suppose

Among the anaerobic bacteria the bacillus aerogenes capsulatus of Fraenkel plays such an important roll in puerperal infections that we must thoroughly understand and recognize the clinical picture it produces if we are not to make mistakes in the diagnosis. Up to the present time the cases of infection with pure culture in the blood were always isolated. It was not until the commencement of this publicity that Bingold produced a comprehensive work dealing with the bacillus aerogenes capsulatus which was based on not less than 130 cases in Schottmüller's division of the hospital at Eppendorf. In spite of this, I believe the following two cases might prove of interest because of their characteristic clinical picture.

Case 1—Mrs. Martha H., age 21, admitted in the evening on February 7, 1914. Temperature 28.3 C—97.3F—the last period in September. On January 31, according to the patient, there

was a spontaneous abortion. The afterbirth came with the fœtus. Five days after this there was a chill and some fever. The doctor, who was not called in until the 7th day, sent the patient immediately to the hospital. Criminal manipulation was absolutely denied in spite of all questioning.

Status: Medium sized, well nourished woman, who seemed to be very ill; mental condition not abnormal, heart and lungs negative. Abdomen soft and not tender. Spleen not palpable and percussion demonstrated no enlargement.

Vaginal: Uterus enlarged, soft, the index finger could pass into the cervical canal; stinking discharge. A smear was made from the cervical canal which showed staphylococci and bacillus aerogenes capsulatus. Two aerobic plates in testing the blood showed no growth, while blood cultures in the anaerobic plates showed the bacillus aerogenes capsulatus in pure culture.

Feb. 8—Temperature in the morning 40.4 C—104.7 F. Evening 39.7 C—99.9 F.

Feb. 9—Temperature in the morning 39.5 C—99.5 F. After this she was free from fever until the tenth day. Blood, which was taken twice after the curettage, showed no bacteria either aerobic or anaerobic. When she got up fever returned. On February 28 she was dismissed. In Douglas' cul-de-sac there was doughy mass which was not tender.

March 27. Readmitted. Examination revealed a double-sided pyosalpingx.

Case 2—Miss Lydia F., aged 21, admitted at 3 o'clock in the afternoon, May 1, 1914. Last period occurred during the first part of January. According to her statement, while sewing at the machine she suddenly lost consciousness while suffering from cramping and had fallen. She had another attack while enroute to the hospital.

Status: Without fever the patient lost consciousness; the pupils were not dilated, face slightly bloated and cyanotic; no discoloration of the skin pointing to icterus; respiration accelerated and shallow; heart negative; abdomen distended but no rigidity; no enlargement of the spleen. Fundus of the uterus was handbreath above the symphysis. Cervix shortened, the cervical canal

closed. Some bloody discharge. Bladder contained about quart and a half of urine about the color of red wine. No albumen, no casts, leucocytes nor red blood cells in the sediment. Spectroscopic examination showed there was some oxyhemoglobin in the urine. Blood serum hemolytic. On the next morning the urine was golden yellow, clear and still free of albumen. Patient still unconscious. At 11 o'clock in the morning spontaneous expulsion of the fœtus occurred. The placenta could not be expressed. Following manual removal the uterus was irrigated with hot alcohol. The placenta was bright red (hemolytic) and had a strong but not typical odor. Shortly after delivery some of the patient's blood was examined. Plates showed the bacillus aerogenes capsulantus in pure strain and a smear from the placenta showed the same germ in pure growth. At 12 M. the patient died.

Postmortem findings six hours after death: I give the most important points from the report of the postmortem. On opening the abdomen the intestines were found very much distended. Peritoneum moist, but no free exudate. In the previscular cellular tissue there was a marked œdema which, however, contained no gas. The uterus, which had a darkly discolored appearance, rose up in the peritoneal cavity and looked like a balloon. Both ovaries, especially the left, were unusually large, very red and covered with a fibrin mingled with pus. The uterus, markedly hemolytic, was correspondingly enlarged and was soft. The tissues on the edge of the torn internal wall contained gas, and yet the uterine veins contained only a slight amount of gas. From the left uterine horn to a point between the ovarian ligament and the tube there was found a smooth diverticulum of the wall of the uterus. The thinning here amounted to 7mm. No signs of injury could be demonstrated. The heart blood contained gas. Aside from this there were no gas-containing organs, even the liver was free from gas. The grain was remarkably soft and edementous. In the cortex of the cerebrum there were several points of necrosis which were so small as almost to escape notice.

Necropsy findings in the fœtus: Heart blood did not contain gas nor did the liver; the lungs were inflated and floated when put in water. In the heart blood, in the microscopic sections of

lung, liver and placenta, great numbers of the bacilli aerogenes capsulatus were found.

Five cc. of the peritoneal and pleural fluids were diluted with normal saline and injected under the skin on the back of a guinea pig. In about twelve hours the guinea pig died. At the point of injection a subcutaneous crepitating emphysema could be detected. Smears and cultures from this focus showed bacillus aerogenes capsulatus in pure growth. The organs of the animal did not contain gas. However, the heartblood contained the bacillus.

As was plainly shown by the sections from the lung of the fœtus, aspiration of infected liquor amnii had not occurred. Therefore the bacilli must have entered the fœtus through the blood vessels of the placenta. Finding bacilli in the placenta also points to this. The bacilli were found especially in the intervillous spaces, to a less extent in the villi themselves.

From a medico-legal standpoint it is important to bear in mind and lay due stress on the fact that infection with the gas bacillus will make the lung float. This is all the more important, since in such cases the question of a criminal abortion often arises and consequently there is a cause for this kind of infection.

Most authorities give a good prognosis. Even Bingold, with his great material, comes to the following conclusion: "Of the 130 above-mentioned abortions in which the gas bacillus was demonstrated, 78 ran relatively favorable courses. Nearly all were discharged in good condition. In spite of this, the opinion of Sachs to which Bingold likewise calls attention, namely, that the gas bacillus is non-pathogenic to human beings, is inadmissible. Heynemann considers the streptococcus the most pathogenic; then comes the staphylococcus but to a much less degree; then the bacillus aerogenes capsulatus which he rightly considers almost as dangerous as the staphylococcus.

Even if many of the cases reported in which the gas bacillus was found in pure culture in the blood have made favorable recoveries, yet Fraenkel, Scottmüller, Heynemann, Lindemann and others have handled severe, even fatal cases. Therefore, we must in every case give a guarded prognosis.

We are not in a position to give a satisfactory explanation of the variability of the clinical picture, so long as we have not learned to judge the virulence of the bacteria and the resistance of the body to its invasion. Whenever we have severe cases we can generally suppose an infection from without since V. Hibler's researches show that the conditions for growth in the vagina are unfavorable to the gas bacillus, so that an autogenous infection is unlikely, if not impossible.

I can not agree with Hegler in the opinion that cases having methæmoglobinæmia and methæmoglobinuria for the most part run favorable courses. On the contrary it seems to me, so far as I can judge from the reports of several authors, that hæmoglobinuria is generally a signum malum. In the fatal cases of Fraenkel and Heynemann, hæmoglobinuria had been present. Likewise I find a case in which bloody colored urine was passed reported by Scottmüller. This patient died. Of the seven cases passing bloody urine, which Bingold reports in his treatise, four died.

Whenever we find cases presenting a clinical picture like those above described, if the urine is bloody colored, we should always think of an infection with the gas bacillus. In our case, because of the hæmoglobinuria, both eclampsia and acute poisoning were considered. For that reason the urine was examined for porphyrine, but none was found. Likewise, in the case reported by Lindermann, poisoning of unknown origin was suspected.

In our case the odor of the placenta put us on the right track. The tentative diagnosis of a gas bacillus infection based on the clinical symptoms was first verified by a microscopic examination of the lochia and later by a positive blood culture. Another characteristic symptom of severe infections with the gas bacillus to which Lenhartz first called attention, is a peculiar discoloration of the skin. In our case no such discoloration was present. Whether it was hidden by the cyanosis or not is a question, certainly that would not be improbable. In cases heretofore reported no mention has been made of convulsions. The necropsic condition of the brain explains satisfactorily the convulsions.

Unfortunately we are absolutely powerless therapeutically. That it is desirable to carefully remove as soon as possible the source of infection, e. g. the contents of the uterus, in order to prevent multiplication of the bacteria, goes without saying. According to Hibler, torn tissues which are mixed with blood offer a very favorable culture medium for bacterial growth.

Lamer thinks anaerobic germs are apt to cause thrombosis. For that reason he thinks examination of the blood for anaerobic germs very important from a therapeutic standpoint, so that, should the test be positive, a timely ligation of the veins might prevent general sepsis. There are no reports of this in the literature. Likewise no such observation have been made on our cases.

According to the experiences with other serums we can not expect much from the intravenous injection of bactericidal medicaments such as specific serums.

Selected Articles

TUBERCULAR INFECTION COMPLICATING PREGNANCY, PARTURITION, AND THE PUERPERAL STATE, WITH A CONSIDERATION OF ITS BEARING ON TREATMENT.

BY EDWARD P. DAVIS, M.D., PHILIDELPHIA, PA.

The fact that tubercular infection is common among childbearing women and that it is for them a serious complication is familiar to the profession. While the opportunity may not often arise to demonstrate the presence of tubercle bacilli in the placenta, the possibility of their passage from mother to child can not be denied.

It is well established that the usual protection against infection which the placenta affords may be overcome by various infective germs. That tubercular infection may be present in the genital organs of female children is demonstrated by Graefe (*Monatsschrift f. Geburtshülfe und Gynäkologie,* Band 40 and 41, Heft 4. 1914). He reports nineteen autopsies in which the pathological findings were characteristic. From his experience he believes that of all female children dying with tuberculosis, 20 per cent have tubercular infection in the genital organs. That this may be present very early in life is shown by Brouardel's case—a female infant of ten weeks—while Demme found tubercle bacilli in the vaginal discharge of an infant aged five months. Seventy-three per cent of Graefe's cases were tubercular infection of the uterus and both tubes, and while tubercular metritis is not common it is occasionally present, and tubercular endometritis is often observed.

In a recent interesting paper, well illustrated, Schiffmann (*Archiv. f. Gynäkologie,* Band 103, Heft 1, 1914) describes the case of an unmarried woman aged thirty-five, who had never menstruated. On thorough examination she was found to have

osteomalacia, and was medically treated for some time with temporary relief. As the pain in the skeleton became worse, and the power of motion was lost, castration was proposed. At operation the uterus, tubes, and ovaries were found bound down by adhesions, and tuberculous. The patient died of purulent peritonitis shortly after the operation, when a thorough examination of the body was made. It was found that the patient had suffered from tubercular infection of the uterus from childhood, which had caused complete atresia. So extensive was the tuberculous process and its results that a menstrual discharge had been impossible. Excellent illustrations give a clear idea of the extensive disease present in this case.

From this and similar findings we must believe that many women have tubercular infection before puberty, and that the full performance of the reproductive function may be undertaken by organs already tuberculous.

The effect of pregnancy upon a tuberculous woman may be inferred by considering the changes which pregnancy brings about in the blood of any woman.

The growth of the embryo and fetus appropriates a large part of the iron which the mother obtains from her food. So, too, calcium is demanded by fetal growth at the expense of the mother. An excess of fatty bodies and lipoid substances in the blood of the mother during pregnancy indicates excessive attacks upon her powers of assimilation. Nothing certainly could be better adapted to lower the resistance of the pregnant woman against tubercular infection than the progressive loss of iron and calcium from her blood.

Pregnancy also taxes the balance of the mother's economy in the secretion of the ductless glands. Six per cent of pregnant women have cardiac disturbance from hyperthyroidism. The pulse tension of the pregnant woman sometimes shows disturbance of the suprarenal bodies, which also produces the excessive pigmentation occasionally seen in pregnancy. It is a significant fact, at present not explained, that the Abderhalden test for early pregnancy gives a positive reaction in non-pregnant patients who have tubercular infection of the genital organs. Evidently the

disturbances in the blood caused by pregnancy are closely allied to those produced by tubercular infection. It seems reasonable to conclude that the addition of one of these must greatly increase the pathological condition which either may produce.

Tuberculosis of the mammary gland almost invariably occurs in the female, and among the predisposing causes antecedent mastitis is present in 13.3 per cent (Deaver, *American Journal of the Medical Sciences,* February, 1914).

In a case reported by the writer (Davis, *Medical News,* Philadelphia, June, 1897) a young nursing mother had a discharge of pus from the nipple which contained tubercle bacilli. In another case under the observation of the writer, a young girl during pregnancy developed mammary tuberculosis, proven by the examination of the breast, which was amputated as soon as the patient recovered from her labor.

That tubercular infection of the kidneys is not unusual in women, the studies of Jaschke (*Monatsschrift f. Geburshülfe und Gynäkologie,* Band 40, Heft 1, 1914) and others abundantly show. Küster estimates that 10 per cent of all tuberculous patients have tubercular infection of the kidneys, and in 20,770 autopsies in the pathological department of the General Hospital in Vienna, Kapsammer found tubercular infection of the kidneys alone in one per cent of the bodies examined. Tubercular infection of the kidneys is less common among women than men, but operation is performed upon women twice as frequently for this cause as upon men. Among women 90 per cent of tubercular infections in the kidney are limited to one kidney, and there seems to be no essential difference in the frequency between the right and left. Irritability of the bladder is the first reliable symptom, and often points to a tubercular cystitis, which may have existed for an unknown time. Modern operators agree that when tubercular infection of a kidney is proven, nephrectomy is the one reliable method of treatment.

The mortality rate is reported by Krönig, Oppenheimer and Israel as exceeding 25 per cent.

It is often observed that a young and fairly vigorous woman who has survived a primary infection may apparently grow bet-

ter in health during the pregnancy which goes to full term. The explanation of this fact is found in the stimulation which pregnancy gives to the nutrition of a young and fairly sound woman. With reasonably good hygiene, and absence of depressing influences, such a patient may apparently be benefited by the occurrence of pregnancy; so the old advice, before our knowledge of tubercular infection was as accurate as it is now, that frail young women with a tendency to a winter cough and lack of flesh should marry, and that child-bearing might greatly improve them.

Unfortunately, a further observation of these cases often shows that pregnancy is followed by failure in general health and by renewed tubercular infection. The facts already stated show that many women have about them some tubercular focus whose existence may be unsuspected, and which would be roused to activity by any great disturbance of the general metabolism, such as the resistance to an infection.

Among the notable exceptions to this clinical rule is the case of Delassus (*La Bull. de la Soc. d'Obst. et de Gyn. de Paris*, November 8, 1912, page 898). The woman was aged twenty-nine, married for five years, without pregnancy. She had a typical tubercular peritonitis. Abdominal section was performed; the characteristic lesions were evident, and there was considerable infiltration of the omentum. The first operation did some good, and a second abdominal section was performed to remedy an abdominal hernia, when it was observed that the condition in the peritoneum had greatly improved. Eighteen months later the woman was spontaneously delivered of a well-formed child, weighing 8 pounds.

Surgeons are familiar with the fact that tubercular peritonitis sometimes proceeds to recovery if the abdomen be opened and iodoform be applied to the tuberculous peritoneum. In some cases the opening of the abdomen and the discharge of retained fluid is followed by recovery.

Oppenheimer (*Monatschrift f. Geburtshülfe und Gynakologie*, Band 40, Heft 1, 1914) calls attention to the fact that women who have been operated upon by nephrectomy for tubercular infection of the kidney, and who afterward became pregnant, may die

from renewed infection in the urinary bladder—a tubercular cystitis extending rapidly to adjacent organs.

Esch was more fortunate, and saw a patient upon whom he had done nephrectomy and who had a tubercular cystitis pass through pregnancy and labor. The fact that a woman has had one kidney removed for tubercular infection does not make it impossible for her to bear a living child, for in the Maternity Department of the Jefferson Hospital the writer recently had under his care a woman whose kidney had been removed for tubercular infection by Deaver at the German Hospital, Philadelphia. Not only was this patient at full-term pregnancy, but she had eclampsia, survived this, and a month after the delivery of the child was apparently in good condition. We have not been able to trace her further history.

Possibly the most striking ill effect upon women who have become pregnant is seen in cases in which, following pregnancy or accompanying it, tubercular infection of the larynx develops. Raspini (*da Ginecologia,* x, 9, page 249) in his clinic at Florence has repeatedly observed the fatal result of pregnancy occuring in women who had tubercular infection of the larynx. In the first half of pregnancy he urges therapeutic abortion, and after this induced labor, with tracheotomy as a resort should suffocation threaten. The child is so badly nourishes in these cases that he would give for its development a most guarded prognosis.

The fact that infective bacteria can in some cases pass through the placenta and infect the fetus, and that the children of tubercular mothers are deficient in nutrition and power of resistance, renders the prognosis for the child born of a tuberculous mother exceedingly doubtful. The result of a preëxisting tubercular infection upon fetal nutrition is strikingly exemplified in the case of a multiparous woman who had previously been under observation in the Department for Tubercular Disease in the Jefferson Hospital. Her pulmonary lesions had been for some time quiescent. According to obtainable information, she was spontaneously delivered in the Maternity Department at nine months' gestation, but her fetus weighed less than 3 pounds, and was miserably nourished. The placenta was small, thin, and full of small

albuminoid infarcts. Ten days after delivery the mother showed signs of renewed tubercular infection.

Two practical questions arise concerning the treatment of these cases: What is the duty of the physician when a woman who has had a tubercular infection which is quiescent becomes pregnant? Shall the pregnancy be allowed to continue, or must it be interrupted?

Here, in giving a decision, the age of the patient, her general state of nutrition, her surroundings, and what she can do to guard her health, and what may be the possible value of the infant life, must all be considered. The fact can not be ignored that such a woman becomes pregnant at a much greater risk than one who has never had tubercular infection, and this the patient must know. If the physician is consulted concerning the propriety of marriage, he must state the risk to the woman who contemplates marriage.

Where the woman is between seventeen and twenty-five years of age, aside from the preëxisting tubercular infection sound, in comfortable circumstances, intelligent, and with sufficient self-control to care for her health, she may go on through the pregnancy, under accurate observation, at her own risk. A depressing verdict should not be given, but the fact should be made very plain to the patient that more than ordinary care will be necessary during the pregnancy. Such care should be addressed to the problem of nutrition and to an open-air life, without undue exertion and without strain. The patient should have a thorough physical examination at frequent intervals. At labor the use of an anesthetic should be avoided, if possible, and hemorrhage and infection should be guarded against, as both lower resistance and increase the possibility of renewed tubercular infection. When circumstances are favorable for lactation, if the breast milk contains tubercle bacilli, the child should not nurse. Under exceptional circumstances nursing may be permitted.

If during pregnancy signs of renewed tubercular infection appear, pregnancy must end immediately.

When a patient who is in active tuberculosis becomes pregnant, or who is just holding her own against a circumscribed infection,

the majority of opinion is distinctly in favor of immediately terminating the pregnancy. Recently obstetricians have been aroused to the fact that their duty does not end with the termination of pregnancy in these cases. The best results are obtained by the termination of pregnancy, and sterilization, by such a method as to remove a considerable portion of the genital organs. This should be done at one sitting, without inhalation anesthesia if possible, and under the best aseptic surroundings.

Anderers (*Monatschrift f. Geburtshülfe und Gynäkologie,* Band 40, Heft 4, 1914) gives the results of his operations in the clinic in Zurich. Where there was no active pulmonary tuberculosis he employed chloroform and oxygen, or chloroform, oxygen and ether. Where pulmonary tuberculosis was plainly present he used lumbar anesthesia with pantopon and tropakain. He employed the transverse incision of Pfannenstiel, incised the uterus transversely at the fundus, press aside the uterine walls, and removed the ovum with the gloved finger. He then curetted the wall of the uterine body and closed the uterus. The Fallopian tubes were excised where they enter the uterine wall. His fifteen cases did uniformly well.

Stutz *Zeitschrift f. Geburtshülfe und Gynäkologie,* Band 73, Heft 2, 1913) operated upon fifteen tuberculous pregnant patients—fourteen through the vagina.

Schmidt (*Zeitschrift f. Geburtshülfe und Gynäkologie,* Band 73, Heft 2, 1913) operated upon thirty-seven cases of peritoneal and genital tuberculosis not complicated by pregnancy, and a comparison of his results with those obtained in pregnant patients shows that operation does more good during pregnancy than in women who are not pregnant.

Werner (*Zentralblatt f. Gynägologie,* No. 43, 1913) operated upon sixty patients between six weeks and five months pregnant by performing vaginal section, loosening the ovum with the finger, and then removing it. The edges of the uterine wound were then closed and the peritoneal cavity opened. The Fallopian tubes were then drawn down, and if possible the whole tube was removed. If not, a piece was taken from the uterine extremity of the tube. The incisions were then closed by suture and a

small drain left in the prevesical space. Fifty-two of these patients recovered without complication, after operation. One died an hour and a half after operation from profuse hemorrhage from small vessels in the region of the bladder. The patient was three months advanced in pregnancy and had well-developed tuberculosis. There was sufficient uterine hemorrhage to require the use of a tampon in ten cases. On the average the patients were convalescent in eight or nine days. Twenty-four patients reported a year afterward, of whom twenty were in good general health and able to work, and had gained in weight; four had advanced tuberculosis; one died four months after the operation from pulmonary tuberculosis.

The most accurate and complete method of operation is that of Sellheim (*Monatschrift f. Geburtshülfe und Gynäkologie,* Band 38, Heft 2, 1913). He opens the abdomen, excises, and removes the Fallopian tubes; opens the uterus at the fundus transversely, separates its walls with tenaculum forceps, and removes the ovum with the gloved finger. The cervix is then dilated by passing a solid bougie, and a strand of gauze is passed through the uterus into the vagina. The uterine cavity is tamponed with gauze and the uterus is closed.

In ten patients operated upon by this method, between the first and fifth months of pregnancy, prompt recovery followed without complication.

The writer would call attention to the value of Sellheim's method in its accuracy and thoroughness by the complete removal of the Fallopian tubes. Experience has abundantly shown that sterilization can not be effected by ligating the tubes only. The removal of the entire tube is not difficult, and if the broad ligaments be closed over, the pelvic viscera are left in better condition than before the operation. The total extirpation of the pregnant uterus through the vagina has been advised by some to terminate pregnancy in cases complicated by tubercular infection, but the operation is more formidable, and sometimes attended by more hemorrhage, than the method employed by Sellheim. The induction of labor by the use or bougies, bags, or gauze may be feasible in many cases, but it does not sterilize the patient, and in

many it is too prolonged and occasions more disturbance than the abdominal operation, especially if the latter be performed with lumbar anesthesia.

Medical treatment offers nothing reliable in the management of tubercular infection complicating pregnancy. Hygiene and those substances which reënforce the blood are indicated. Recent studies in the toxemias of pregnancy indicate that injections of horse serum, or possibly serum from the normal human being, in doses of 20 cc., given intravenously, may reënforce the resisting power of the blood and help to keep in abeyance the latent tubercular infection.—*The Therapeutic Gazette.*

Extracts from Home and Foreign Journals.

SURGICAL

The Prevention of Discomfort After Operation.

While most patients dread operative procedures, because of the anesthetic or the operation, it is in a majority of cases soon learned that neither of these factors is of as great importance as the discomforts which are suffered after the main effects of the anesthetic have passed by and after the operative procedure has been accomplished to the extent that it is considered successful. Nausea, vomiting, and a sense of profound prostration, dizziness, and vertigo are often present, although, with the modifications which have taken place in the administration of anesthetics, these symptoms are by no means as severe as they once were in the majority of instances. Distressing thirst can be allayed by a hypodermocyslis, or by the administration of a salt solution by the rectum. It is of great importance that this salt solution shall not be hypertonic, since under these circumstances it will draw liquid from the tissues into the bowel instead of sending liquid from the bowel into the tissues; furthermore the hypertonic solution, particularly if it is used for any length of time, is prone to produce rectal irritation. When nausea and vomiting do occur one or two grains of acetanelide, placed dry upon the tongue or dissolved in a little shaved ice and brandy, will often act as an excellent gastric sedative, or in its place, from one to five grains of chloretone may be used. A mustard leaf on the epigastrium may dissipate the sense of nausea. An ice-bag on the head may be a comfort to the patient, particularly if, at the same time, a hot-water bag is applied to the feet.

After operations upon the pelvic floor and pelvic contents, or upon the made bladder, it not infrequently happens that agonizing backache, due to strain of the sacroiliac joint, takes place by reason of the fact that sufficient support is not given to the lower

limbs when the patient's pelvis is brought to the edge of the operating table. We have seen patients scream with pain on coming out of the anesthetic, because of this unnecessary injury. Oftentimes some of the discomfort can be removed by elevating the buttocks by the placing of a pillow under them, or by holding the thighs in such position that the sacroiliac joint has a different bearing from that which existed during the operation or while the patient was lying in bed. An opium suppository may be useful to aid in relieving this pain, and if there is a sense of fulness in the rectum because of the pressure produced by Sims' speculum, a 10-grain iodoform suppository, because of its anesthetic affect, will often be advantageous. In the *West London Medical Journal* for October, 1914, there is an interesting paper upon this subject by Baldwin, who is Senior Surgeon to the West London Hospital. He calls attention to a number of measures used to diminish postoperative discomfort. When hemorrhoids are to be operated upon, the rectum should be empty and clean at the time of the operation, and the aperient which is commonly used should be given not later than the morning before the operation. Saline aperients are to be avoided, as they lead to constant dribbling, but castor oil is advantageous because of its after constipating effect. Four hours before operation the bowel is to be washed out with warm water until it returns quite clear. Baldwin does not think that it is necessary to stretch the sphincter in the majority of cases. He uses quinine and urea chloride as a local anesthetic, and employs after the operation as an antiseptic and anesthetic powder borochloretone, injecting into the bowel one to two drachms of sterile vaselin from a collapsible tube. He then inserts a rubber tube 3½ inches long and ⅜ inch in diameter, allows it to project from the anus one inch, and applies a dressing. The tube permits flatus to escape and so prevents discomfort. For postoperative vomiting he recommends copious drinks of bicarbonate of soda and water. Milk should be particular avoided, as it tends to the formation of gas and constipation. On the third or fourth morning after operation the patient is given an ounce of castor oil by the mouth and four ounces of warm olive oil are injected into the bowel with a tube. The tube is then removed.

Baldwin calls attention to what we all know, namely, that it is of great importance that the patient should not be kept waiting prior to the operation in the operating-room or near-by, and that fussy friends, with anxious and tearful faces, should be excluded. He asserts that the idea that a patient after an abdominal operation must for days be kept rigidly on the back has not yet disappeared, although it should have done so, and believes that there are few instances where the dorsal position is absolutely necessary. Indications of intestinal stasis should be met with the hypodermic injection of pituitrin, to which, in his opinion, it is wise to add 1-100 of a grain of salicylate of eserine.—*The Therapeutic Gazette.*

Tetanus Therapy.

In an article on the indications for the subcutaneous injection of magnesium sulphate in the treatment of traumatic tetanus, Dr. Walther Usener, assistant at the University Childrens Hospital at Gottingen concludes as follows:

1. Indications—Magnesium sulphate, injected subcutaneously, is an excellent drug for quieting the nervous excitability and convulsions of tetanus. It is especially indicated for warding off the dangerous spasms of the muscles of deglutition and respiration, for overcoming the danger of starvation and asphyxia and for lessening the number and intensity of the convulsions. Subarachnoid injection, which is very dangerous and likewise rather ephemeral in effect, is only warranted when the clinical conditions indicating its necessity are especially favorable.

2. Method of Use—In children we use 20-25% solution; in adults 40-50% solution. The injection must be made above the fascia and are best made in such a way that the injection of the magnesium sulphate should be proceeded and followed by the injection of normal saline.

Each dose should be 0.15-0. 18-0. 2 gm. pro kilogram weight. In mild cases single injections, as Mielke and others have shown, can be used. For the more severe cases, however, in order to get the full effect of the magnesium sulphate, three or four doses at two-hour intervals should be given in order to get a cumulative

effect; to maintain the action several similar doses should be given at three-hour intervals. On the following day the drug should be given in similar fashion. The treatment should begin just as soon as any severe symptoms occur, in order that the correct dose for each case can be determined. The treatment with magnesium sulphate can be helped and the action of the medicine enhanced by the exhibition of narcotic drugs, especially when they are indicated for nervousness or for the night.—Translated from *Münchener Medizinische Wochenschrift, by W. T. B.*)

Rupture of the Intestines in Children.

Dr. L. Davis reports two cases, in children seven and eight years old, in which rupture of the small intestines resulted from a fall in one and from being struck by an automobile in the other. Operation was promptly performed and the patients recovered. The author states that in cases of ruptured intestine, with effusion of septic contents, profuse and thorough irrigation of the peritoneal cavity is a life-saving measure. There has been no time for walling off on the part of nature and hence there need be no fear of spreading the infection; it is an entirely different proposition from a peritonitis from an appendix, in which cases nature has practically always had some opportunity of localizing the process, and irrigation is to be condemned. He has found that children and adults retain ordinary tap water by rectum as well, if not better, than normal salt solution.—*International Journal of Surgery.*

Phlegmons Around the Ear in Scarlet Fever.

Sorensen reports that this complication was noted in fifty-four among 4,000 cases of scarlet fever at the Blegdam Hospital in two recent years. In five cases an abscess developed on both sides. In the operative cases the abscess was opened down to the bone and drained, and when the bone was carious it was scraped away down to the sound tissue. The ear was treated by rinsing it out and instilling a weak aqueous solution of iodin. One of the

patients died under conservative measures, although in many the scarlet fever had been of the severest type. In 42.3 per cent of the total number, on discharge, the ear and its environment were clinically normal; in 46.2 per cent the ear or the abscess was still discharging, and in 11.5 per cent the abscess was still angry. In two cases only the abscess subsided under conservative measures alone. In his total experience with 30,000 scarlet-fever cases he has scarcely ever encountered meningitis or suppuration in the brain. Consequently he does not advise radical treatment unless there seems to be special danger of involvement of the brain. Relative indications are afforded by signs of beginning pyemia. Under other conditions he advises to wait until the scarlet fever or streptococcus infection has run its course. The operation thus should not be attempted until after the patient has left the contagious disease ward. No complications developed in any of his cases treated on these principles.—*The Journal of the American Medical Association.*

Pseudoappendicitis in a Physician.

Schatz describes a case of this condition which he studied on his own person. He was awakened with colicky pain unrelieved by a stool. Soon tympanites developed with pain and tenderness especially remarked in the appendix region, in which a circumscribed swelling could soon be felt. In a few hours, however, all these symptoms receded, so that in the afternoon the doctor arose and went about his business without further disturbance. Such phenomena were best explained by a temporary obstruction. He then recalled that he had eaten freely of mushrooms the day before. These perhaps had not been digested and had lodged *en masse* in the valves of Bauhini. Unfortunately, however, a study of the stools presented no evidence of any such happening. About two weeks later he went through a similar experience but on this occasion vomited. He called in colleagues who witnessed all the phenomena but had no belief in the existence of appendicitis nor of a stoppage from indigestible food. However, the next stool contained a piece of tendon, accidentally swallowed the evening

before. The attack had passed off as before. The condition was somewhat obscure but there has been no recurrence since the author has eaten only digestible feed and chewed it well. The author regards pseudoappendicitis or appendicolic as due at least at times to a "Bauhini spasm," which should yield to narcotics and antispasmodics. Adhesions doubtless favor such conditions although the author had never suffered from any inflammatory lesion in the bowels.—*Medical Record.*

MEDICAL

A New Test for Beginning Peritonitis in Children.

Palpation of the abdomen often gives confusing results in children, as they may complain of pain in the absence of peritonitis and the reverse. The writer has found the following test useful: The patient lies on his back with the legs extended. The right leg is raised by grasping the foot with the left hand. With the right first, the sole of the foot is struck a light but somewhat pushing blow. A minimal impulse is transmitted to the parietal peritoneum, causing it to rub against the visceral peritoneum. In the presence of appendicitis, the little patient usually complains of pain in the abdomen, a region to which his attention has not been directed. In an otherwise suspicious case, a positive outcome of the test confirms the diagnosis of peritonitis; a negative outcome, however, does not necessarily speak against its presence.—*Doctor.*

Diabetes in the Elderly.

Kirsch refers to the cases in which sugar is discovered in the urine of men or women of about 55, apparently healthy hitherto, hearty eaters without corresponding physical exercise. In his experience, about 15 per cent of the persons with this alimentary corpulence develop diabetes, and about 50 per cent of those with pronounced constitutional obesity develop it. Children with a congenital tendency to obesity nearly always develop diabetes

sooner or later in life. Thus when diabetes develops after 55, it is generally in those inclining to acquired obesity. The course of the diabetes is mild and slow; the disturbances slight, and the tolerance for carbohydrates is fair and may improve in time. After the first abrupt loss of flesh, the weight persists about the same. The sugar content of the urine ranged from 0.11 to 6.76 per cent in Kisch's cases of this kind; there were sometimes traces of albumin, but in only a few did it reach 0.11 to 0.51 per cent.

The diabetes very rarely runs a severe course; one of his patients lived to be 90. The danger of complications, however, is always imminent. Dietetic restrictions should not be too strictly enforced, but the tolerance should be constantly supervised, always bearing in mind that the keeping up of the health and strength is the main object, avoiding "milk days" and weakening measures as liable to add to the depression. Diabetics of this bon-vivant type do better in their own comfortable home than elsewhere, except for an occasional agreeable and comfortable change of scene, a course of mineral waters or baths, especially natural carbonated baths. If complications develop requiring dietetic restrictions and treatment, a course at some sanatorium making a specialty of dietetic treatment may prove useful.—*The Journal of the American Medical Association.*

The Röntgen Ray and Pneumonia.

Dr. Howard H. Mason gave a lantern slide exhibit showing what the X-ray revealed in pneumonia. A number of the slides showed the correlation between the beginning of physical signs of pneumonia and the appearance of the shadow showing the beginning of consolidation. Other plates showed that with the disappearance of physical signs of pneumonia the shadow of consolidation cleared up. The X-ray has shown that when a lung clears it seems to clear equally all over and not from within outward or from without inward. Quite a change in the shadow is often noted within twenty-four hours. In all the early cases before the lung consolidated there was just dulness, but when consolidation extended to the larger bronchi one got all the signs of

pneumonia, bronchial breathing, rales, etc. Still other plates showed that in broncho-pneumonia the shadow was not in any way comparable to that of lobar pneumonia.—*Pediatrics.*

The Widal Test and Antityphoid Inoculation.

In civil practice the Widal reaction is very largely employed in the diagnosis of typhoid fever, yet it is not an infallible indication. When it is negative, the presence of the disease is not excluded, and the reaction may eventually become positive. It is sometimes positive in bacilli carriers, and has appeared paradoxically in other infections, the subjects of which may have been carriers. The behavior of the reaction in inoculated soldiers and nurses is therefore a matter of great interest. The dead cultures produce, or are believed to produce, antibodies identical with those which form in the disease; so that a Widal positive ought to occur. As a matter of fact, this is what occurs in practically all who have been inoculated. In the *Berlinger klinische Wochenschrift* for January 18, Dünner reports a series of over 100 Widal tests in inoculated troops. In the few exceptions in which the Widal was negative it is extremely probable that the soldiers had been inoculated against cholera. Seven inoculated soldiers developed clinical or bacterial typhoid fever, this number naturally including the carriers; while in one or two of the seven soldiers there was some uncertainty as to whether the inoculation had not been against cholera. Of ninety-seven other inoculated soldiers with the same exposure, not one developed typhoid.—*Medical Record.*

The Infant's Ability to Digest Starch.

The infant's ability to digest starch is a subject which Dr. Thos. S. Southworth of New York City discusses and agrees with Finkelstein as to the disturbing effects of carbohydrate sugars on the intestinal functions of infants, but goes further in attributing these untoward results partly to fats. He reviews the historical and clinical evidence supporting this as well as the useful-

ness of starch in counteracting such efforts. He says it is time to ask ourselves seriously why it has been empirically found that cereals in the form of boiled and therefore gelatinized starch should have become an essential in the final composition of such diversified types of feeding as diluted cow's milk, fat-free buttermilk, whey, modified milk and malt soup mixture. It would seem that starch has a protective action against the undesirable effects of fat in milk. Starch and dextrin less rapidly undergo acid fermentation than some of the sugars and they also excite a prompt and long continued secretion of pancreatic juice which is the opposite to the action of fats. While the practice of giving all the carbohydrates in the form of sugar frequently causes overtaxing of the upper intestine the slower conversion of starch spreads the process of absorption over a greater length of intestine and this must have its influence. In conclusion he says the indication for the use of starch appears to be in those suffering from digestive and nutritional disturbances. In such its chief end is not solely to nourish the infant but to also promote nutrition by making possible a more orderly digestion and absorption of the main nutriment—milk. It is admitted, of course, that excessive use of starch may itself cause digestive disturbance but instances of such abuse do not preclude its judicious employment.—*Pediatrics.*

OBSTETRICAL

Non-Ligation of the Umbilical Cord.

A. N. Rachmanow concludes on the basis of a five-years' experience comprising 16,000 deliveries that non-ligation of the umbilical cord is the method to be elected in normal labor and in the case of full term infants. It is safe and favorable, leading to a good cicatrization of the navel. Ligation of the umbilical cord is a therapeutic measure, Rachmanow says, to be reserved for pathological cases, such as prematurity and asphyxia in the infant and hemorrhages in the mother.—*Medical Record.*

The Clinical Significance of Amenorrhea in the Diagnosis of Tubal Pregnancy.

Dr. Rabinovitz presented this report of four cases, giving the history and describing the operation and findings which left no doubt as to the condition being that of tubal pregnancy. Each of these cases demonstrated this clinical fact, that the history of skipping a menstrual period was not an essential diagnostic factor in all cases of tubal gestation. In all the cases quoted the symptoms of disturbed gestation set in immediately before or just about the time when the next menstrual period was due, so that the patient could most assuredly state that she did not "skip" a menstrual period. It behooved one, therefore, to keep constantly in mind that irregular uterine bleeding, occurring immediately before or about the expected menstrual period, in conjunction with other well known classical symptoms, was just as strongly suggestive of extra-uterine pregnancy as was the bleeding that took place after the missing of one period. Furthermore, the clinical fact was in absolute harmony with physiological rules; it simply needed a proper interpretation tempered with mature clinical judgment.—*Medical Record.*

Prophylaxis of Puerperal Convulsions.

The changes made by Blodgett in the diet and treatment of the prospective mother of urea excreted by the kidney, and when this fell below what appeared to be normal for the patient, in at once withdrawing all meat and fish from the diet. The rule was made that cases applying for admittance to the hospital for their confinement should eat meat but once daily, and bring a sample of the twenty-four-hour urine to the hospital every three weeks up to the sixth month of pregnancy. After that time the urine was to be sent in every two weeks. Any patient showing a slight subnormal urea output was ordered to send in the urine each week, and if the decrease still persisted to come into the hospital, in which the urine could be examined each and the diet regulated as judged advisable. For 1912 there were 768 confinements with

two cases of convulsions and one induced labor. For 1913 there was 890 confinements with two cases of convulsions and no induced labor.

Blodgett has advised against the termination of pregnancy in which the urea output has been normal, or in which by giving a meat-free diet he could secure a normal urea output and has given very little consideration in deciding the question of the relation of possible convulsions to the amount of albumin present in the urine or to the clinical symptoms. So far as medicine is concerned there has been no general rule in regard to the cases. Very few of them have received any medication whatever, and medicine has been given only in cases in which it is necessary to keep the bowels in normal condition. From experience in these cases Blodgett has come to the point in which he has felt it safe to advise the continuation of pregnancy (the case being under constant supervision), even in cases in which the patients have headache, dimness, or blurring of vision, and a large amount of albumin provided the excretion of urea does not go below normal.—*The Journal of the American Medical Association.*

Repeated Pregnancy in Same Tube.

The patient, age 28, bi-para, was seized with a sudden attack of abdominal pain followed by syncope. When I first saw her, two hours after the beginning of her pain, she presented the following symptoms: A thready, almost imperceptible pulse of 120 per minute, face blanched with an expression of complete prostration. Having obtained from her sister a history of a missed menstrual period, I made a hurried digital examination of the vagina, having the other hand over her abdomen, I discovered a soft mass to the left of the uterus. This finding, together with her symptoms, the manner of onset and the history of a three weeks' delay of her menstrual flow, led me to diagnose rupture of a pregnant tube.

I hurried the patient to the hospital and called Dr. J. D. Sternberg to perform the operation. As soon as the peritoneum was opened a gush of blood spurted through the incision, carrying

with it a smooth oval body, the size and color of a green olive. Dr. Sternberg handed it to me for an examination. As this peculiar body did not look like the fetus, I put it away for a more careful examination later on, waiting in the meantime for the real fetus to appear which it did shortly.

The examination of a section of the smooth, olive-like body revealed nothing characteristic except poorly defined cellular elements. What could it be? As my patient later on told me that she suffered two years ago from an attack of pain in the same region after she missed her menstrual period for a few weeks, which attack passed away by itself after a stay in bed for a few weeks, I suggested my hypothesis that the patient had a tubal abortion two years ago, the fetus turning into a mole-like body, having been buried in the tube up to the time when she had a second tubal pregnancy which resulted in a rupture of the tube.—*Northwestern Medicine.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

GRAFT.

We wish to call the attention of our readers to a circular which is going the rounds, advertising the "Mizer Sanatorium," a refuge for those suffering from liquor and drug addiction. About this time last year, the same institution, or one of a similar character, sent members of the profession a circular of like nature, soliciting their patronage and offering a fee of $25.00 for every patient sent to the institution. At the Memphis meeting of the State Medical Society this institution and its methods were severely criticized and all doctors were advised to fight shy of this institution and those of like nature. Evidently some doctors in this or other states are supporting the institution and incidentally helping support themselves or it would have gone out of existence ere this. For any members of the profession to help keep alive such an institution is a reflection on the entire profession, and such physicians should be expelled from their county societies if they could be found out. Splitting fees with doctors is bad enough, and the punishment on discovery should cause expulsion from all societies; to split fees with an institution of this nature, guaranteeing a cure for habits we all know are seldom cured, puts the doctor on the level of the institution, and as such fakes should be closed, so should the physician who aids them in existing, be deprived of license and forced to give up the practice of his art.—W. T. B.

The Movies in Medical Science.

We are glad to see that some medical schools in this country are using the cinematograph as an aid to teaching certain branches in the medical curriculum. Really there is no reason why all first-class medical schools should not take advantage of this substitute for clinical material. As a rule substitutes are often only makeshifts. In this case, however, we see great possibilities, especially for those schools in relatively small cities where the clinical material is not great enough to produce rare diseases for the clinical study of each class. The "movies" are especially adapted for teaching mental and nervous diseases and orthopedic surgery. There are few schools in the country where all the rare nervous and mental diseases can be shown in patients, and the same thing can be said of orthopedic surgery. To a lesser extent the pictures could be used in illustrating general medical and surgical lectures. And since the growth of a plant, from the planting of a seed to its blossoming, can be shown, there is no reason why the dissection of important regions of the body, or the various steps of an intricate operation can not be faithfully protrayed. Of course most abdominal surgery could not be shown, but the day of clinics on abdominal surgery is almost gone, because nobody expects a student on the back seat of a crowded amphitheatre to get much from such a clinic, especially if, as is often the case, the surgeon is so busy operating that he has little time to lecture. So moving pictures would probably be better in abdominal clinics than the present method, since the teacher could give a much more lucid lecture from the screen than from a patient. We hope to see moving pictures more generally adopted in the medical schools, and we firmly believe they will be.—W. T. B.

What are the Essential Qualifications of a Good Nurse?

The attempt of the Nurses Association to raise the requirements for admission to that body, so that each candidate must present a high school certificate, must show she has spent three years in training in a hospital of more than fifty beds, and as at present,

pass certain prescribed examinations, naturally brings up the above question.

It is our opinion that a high school certificate should be a *sine qua non,* but just at present we are not enlightened enough to see why three years' training is necessary, nor why a complete knowledge of anatomy, physiology, materia medica, therapeutics, etc. are essential. The nurse should, of course, have a good character, should, above all, be patient and tactful, should have training enough to carry out all the doctors orders without a great deal of explanation on his part, and should understand how to keep a neat and accurate chart. That she should understand thoroughly just what asepsis means—and many of them do not—goes without saying. If she is going to examine urine, sputum and blood, if she is going to vise the doctor's prescriptions and pass on them as to their correctness, if finally, she is to be a constant aid to the doctor with her advice and a great protection to the patient should the doctor in her estimation fail to treat the case correctly, then we say require not three but four years, and change the mystic symbol R. N. to M. D., and be done with it. Many good nurses already think they know too much and are unethical enough to criticize the doctor. The question is will they make better or worse nurses with more stress placed on the intellectual rather than the physical side. We think not. No nurse can remember even the little she learns of anatomy, physiology, materia medica, etc., without constant study, and how many out of the total are going to study when it is so much easier to talk.

Accident to Dr. E. S. McKee.

We note with regret, as announced in the *Pacific Medical Journal,* March, 1915, an accident to Dr. E. S. McKee, resulting in a fracture of the femur while motoring from Los Angeles, Cal. Dr. McKee was on his return from an all-around the world trip, during which the Journal received from him numerous communications of great interest to our readers. The same report says that he was improving rapidly and would soon be at home again.

Reviews and Book Notices

Department of Commerce, Bureau of the Census, Wm. J. Harris, Director. Mortality Statistics. 1913. Fourteenth Annual Report. Washington. Government Printing Office. 1915.

Our thanks are due Wm. J. Harris, director of the census, for a copy of this important statistical work. It treats of the ratio of the death rate to the population of the causes of death. It gives tables, carefully compiled, showing death rate in all sections of the country, and presents facts of incalculable value to the sanitarian and to municipalities having proper regard for the conservation of the public health.

Report of the Director of Sanitation of Porto Rico. From the Report of Porto Rico, 1914, pages 75-166 inclusive. Bureau of Insular Affairs. Washington. Government Printing Office. 1915.

This report presents matters of greatest interest from a sanitary standpoint as showing the work being done in this section of the country. The report is thorough and exhaustive, showing in the minutest details the thoroughness of sanitation so necessary in a country that has for centuries been a prey to the ravages of yellow fever and other epidemics.

Guiding Principles in Surgical Practice. By Frederick-Emil Neef, B.S., M.L., M.D., New York City. Surgery Publishing Company. 94 William St. New York. 1914.

We acknowledge with thanks to the publishers the receipt of this exceedingly useful handbook. It embodies some of the leading principles in surgical practice and is so arranged with marginal notes printed in red letter as to make reference to the text easy and convenient. The author in making up the book had in mind the needs of the practitioner and has carried out his object in a practical and useful manner. We think the little book should be on the desk of every up-to-date physician whose work is bound to be in some part surgical.

Publisher's Department

The Test of Time.

In Glyco-Thymoline I have found a preparation upon which the body medical has placed the seal of approval and one calculated to meet the requirements of the medical practician's varied needs. The preparation is too well known by reason of its world-wide (I use this term advisedly) use to necessitate or warrant a description or analysis here, nor do I propose to speak for others beside myself. It is, however, a pleasure to state that for the past eight years I have used this preparation to the exclusion of all others in my work at the clinic and in private practice whenever I wanted a mild cleansing antiseptic detergent remedy. During the period of time I have a large number of cases on record which I could detail would space permit, but I must desist and limit myself to a few which I will offer to show why I confine myself to this single remedy and leave it to the reader to determine the value of my judgment.

Mr. G. C. H., age 37, traveling salesman, consulted me in reference to his "catarrh," which had given him much discomfort for some time. Complained of frequent attacks of headache, occasional sore throat and incidentally mentioned the fact that his sense of smell was failing him. I examined his nose carefully and found him in the first stage of beginning atrophic rhinitis. The tissues looked dry and drawn, there were some crusts which were very adherent and had some odor. When detached, which was with difficulty, the mucous membrane showed a tendency to bleed. I spent some time in rendering the affected parts perfectly clean, using a solution of Glyco-Thymoline and water equal parts, warmed to proper temperature. He was further instructed in the use of the K. and O. Nasal Douche, which he continued to use daily. I gave him general instructions as to his habits, diet, way of living, Saw him several months later while passing

through the city and he came up to my office and I looked him over again. To my great surprise the atrophy had been unmistakably arrested in its progress, his throat was normal, he not being obliged to hawk so incessantly any more and his sense of smell had returned completely. Here is a case which was entirely restored by the conscientious and diligent use of Glyco-Thymoline.

For the Liver Patient.

For those patients who come to us with sallow complexions, chronic indigestion, and that whole train of autotoxic symptoms generally grouped under the term "biliousness," there is one remedy that immediately suggests itself to those who are familiar with its virtues. That remedy is Chionia. Made from one of the older drugs that time and clinical experience have shown to possess cholagogue powers of a very definite and positive character. Chionia is invaluable in the treatment of these cases that we are prone to speak of as "liver patients." The livers of these people are inactive, their portal circulations are sluggish, and their systems are overloaded with toxic products that have not been thrown off as they are by those in whom the excretory functions of the liver are normally active.

Many of these patients have sought relief from the use of cathartics, laxatives, etc. For a time, these measures have seemed effective. But only temporarily, for real hepatic stimulation is seldom thus afforded. A true liver stimulant is needed, and this is why Chionia gives such satisfactory results, for its main, and to a certain extent, specific action is to increase the functional activity of the liver. Chionia can be relied upon, therefore, to correct these conditions due to liver torpor, and happily, without giving rise to catharsis or upsetting and exhausting the patient in the way that other cholagogues will. In view of the efficiency of Chionia it can easily be understood why so many successful practitioners look upon it as a *"sine qua non"* in the treatment of those who are afflicted with sluggish livers.

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℞ Each fluidounce contains:

Hypophosphites	Soda - - - -	2 grains
"	Lime - - -	1½ "
"	Iron - - - -	1½ "
"	Quinine - -	¼ "
"	Manganese -	1½ "
"	Strychnine -	1-16 "

DOSE—One to four fluidrachms.

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"	Potassium - - - - - - -	4 "
"	Calcium - - - - - - - -	4 "
"	Iron - - - - - - - - - -	2 "

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Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, FREE AND COMBINED.

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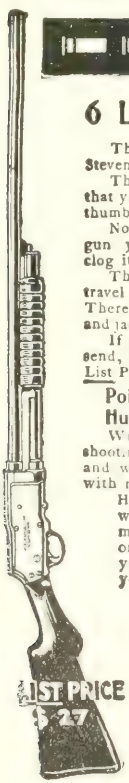

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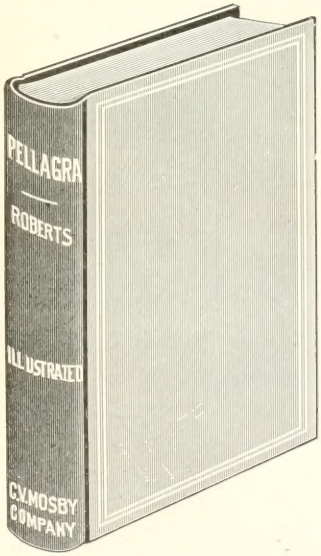

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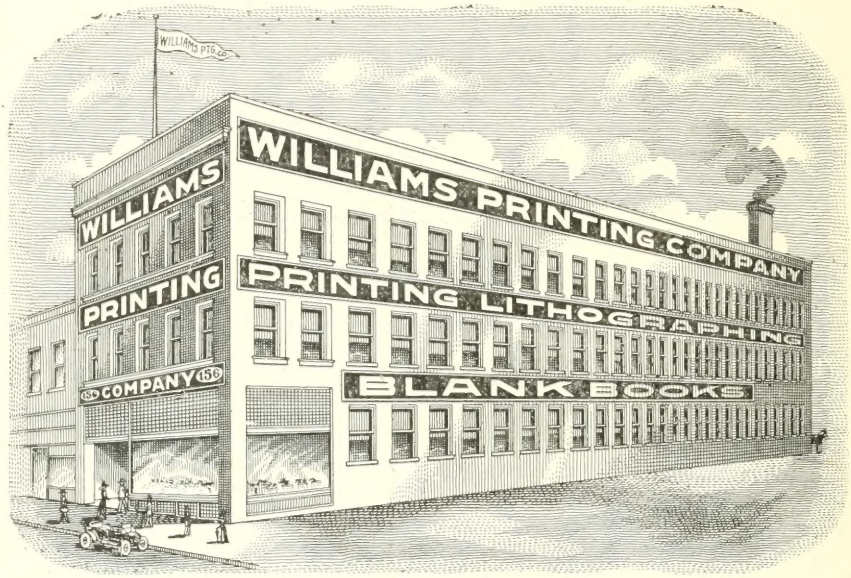

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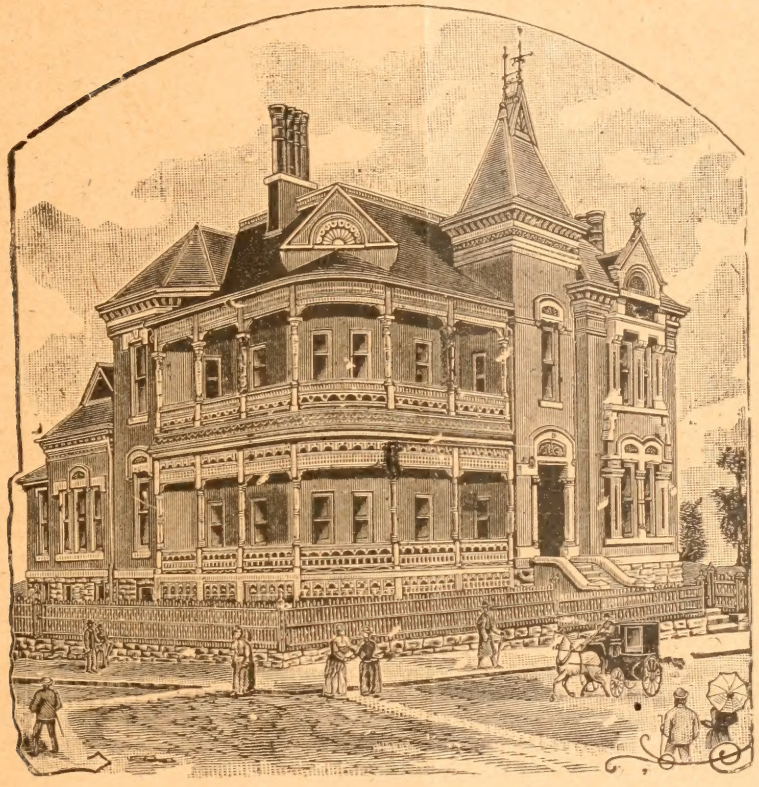

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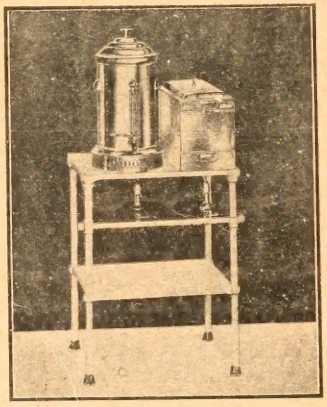

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